STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 1 7 2018

I. Name of Lobbyist(s) Kathlee	n Garrett Loughran	!		MPSHIRE NT OF STATE
II. Name of lobbyist'	s partnership, fi	rm or corporation, if any	<u> </u>	DELACTRIC	TO STATE
Anthem, Inc.			1		
	ne of partnership, f	rm or corporation)	1		
120 Monum	ent Circle	Indianapolis	l IN	46204	
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)	
(800) 331-1476		()	i e-mail kat	hleen.loughran@anth	em.com
(Telephone)		(Fax)	i		
reportable expense to	ransactions whic	ne – file separate reports h are not attributable to g in the months prior to the	any one client).		eport for
Anthem, I		,		Ç	
- Tillulein, i		ient as it appears on the Lobb	vist Registration Form)	 	
OR	(
☐ All reportable trans unrelated to any partic		bbyist (including the lobby	ist's family), or the lo	bbying firm listed below v	vhich are
IV. Date of Report	April 25, 2018		July 25, 2018	X	
Reports cover: activ	rity from date of re	gistration to 3/31/18	activity from 4/1/18 to	5/30/18	
	October 31, 20 activity from 7/1/1		January 30, 20 activity from 10/1/18 to		
		ed and no reportable to form and submit it to the			(X) (204,
VI. Check if addition	ial renorts are at	tached:	1		
	•	expenditures, you must file	 Addendum A Fees	and Expenses	
="	n honorarium or	reimbursed expenses, you			s or
☐ If you, your firm,	or your family ha	s made political contributi	ons, you must file Ad	dendum C- Political Con	tributions
Sworn Statement/Afi I have read RSA 15, R and complete to the be (Signature of lobbyis	RSA 15-B, RSA 1 est of my knowled LU Lough	4-C and RSA 664 and here	by swear or affirm th	at the foregoing information (Date)	on is true
Kathleen Garret (Print Name of lobby			,		,